



REDACTED - FOR PUBLIC INSPECTON

June 27, 2016

Ms. Marlene H. Dortch
Office of the Secretary
Federal Communications Commission
445 12th Street. SW
Room TW-A325
Washington, DC 20554

Re: WC Docket No. 10-90, 11-42, 14-58: Form 481 - Annual Reporting Requirements for High-Cost and Low Income Recipients

Pursuant to Section 54.313 and 54.422 of the Federal Communications Commission's rules, enclosed is a redacted version of the Form 481 Annual Reporting Requirements and Certifications for Ace Telephone Company of Michigan, Inc., Study Area Codes 310704, 310777, 310669, 310692. Ace Telephone Company of Michigan, Inc. is a state-designated ETC, and as such, is submitting to the Commission information from FCC Form 481.

This filing contains public information.

A confidential "trade secret" filing pursuant to 47 C.F.R. §0.459 – Requests that materials or information submitted to the Commission be withheld from public inspection was also made under the Docket 10-90, 11-42 and 14-58.

Should you have any questions, please contact me via e-mail at csweet@acentek.net or by phone at 507/896-6211.

Sincerely,



Cynthia Sweet
Controller

Enclosures

<010>	Study Area Code	310704
<015>	Study Area Name	ACB TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
	Form Type	54.313 and 54.422

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(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TR. OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cwsweet@centech.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310704M112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centnk.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet4aceptek.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)	Name of Attached Document
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<320> Unfulfilled service request (broadband)	0
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<330> Detail on attempts (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACR 7th OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078944211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accenterk.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078146311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cjsweet@aceofm.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules:	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	310704MIS10.pdf

(600) Functionality in Emergency Situations
Data Collection Form

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ASR TEL OP MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@centex.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310704MI610.pdf

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[illegible]

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078466211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

[illegible]

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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<810>	Reporting Carrier	ACE Telephone Company of Michigan, Inc
<811>	Holding Company	ACE Telephone Association
<812>	Operating Company	ACE Telephone Company of Michigan, Inc

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(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TBL OF NICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acnetek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310704MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310704MI1030.pdf

Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACR TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawnet@centek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

310704MI1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	567896211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support		
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support		
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.		
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

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(2000) Price Cap Carrier Additional Documentation (Continued)

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information 310704MI3010.pdf
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	<input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:		
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information 310704MI3026.pdf

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(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0886/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310704
<015> Study Area Name	ACR TEL OF RICHMOND
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	cawest@acenter.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

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(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330704
<015>	Study Area Name	ACE TBL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507846211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawett@aceentek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003a, please provide a response for 4003b.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ACE TEL OF MICHIGAN	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310704	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310704
<015> Study Area Name	ACE TEL OF MICHIGAN
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	50 8966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenticak.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawnet@acenetok.net

[illegible]

<010>	Study Area Code	310704
<015>	Study Area Name	ACE TEL OF MICHIGAN
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc

[illegible]

REDACTED FOR PUBLIC INSPECTION		FCC Form 481
FCC Form 481 - Carrier Annual Reporting		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013
<010> Study Area Code	310777	
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)	
<020> Program Year	2017	
<030> Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet	
<035> Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.	
<039> Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net	
Form Type	54.313 and 54.422	

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(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MT, Inc. (Old Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	507 8966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310777M112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets	Yes
<114> Report how much universal service (USF) support was received	Yes
<115> How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118> Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

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Page 3

<210> For the prior calendar year, were there any reportable voice service outages? No

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Page 4

(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of HI, Inc. (Old Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	507846211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acetek.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)	Name of Attached Document
----------------------------------	---------------------------

<320> Unfulfilled service request (broadband)	0
---	---

<330> Detail on attempts (broadband)	Name of Attached Document
--------------------------------------	---------------------------

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(400) Number of Complaints per 1,000 customers Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310777
<015>	Study Area Name	Aoe Telephone Co. of HI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@aoetelco.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507836231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cweet@centek.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	310777MIS10.pdf

(600) Functionality in Emergency Situations
Data Collection Form

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NSC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code	310777
<015> Study Area Name	Acc Telephone Co. of MI, Inc. (310 Nissau)
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	8078944231 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net
<600> Certify compliance regarding ability to function in emergency situations	Yes
<610> Descriptive document for Functionality in Emergency Situations	310777MI610.pdf

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(710) Broadband Price Offerings Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	---

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of Ill., Inc. (U.S. Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	110777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc. (Old Mission)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Old Mission)

[illegible]

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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986 / OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@ace-tele.net
<900> Does the filing entity offer tribal land services? (Y/N)	No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@centek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310777MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310777MI1030.pdf

Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481
	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Buent
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cbuent@acnetek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

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(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers		July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Are Telephone Co. of HI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawcet@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	
<2024A>	Round 2 Recipient of Incremental Support?	
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	
<2025B>	Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund, WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	

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(2000) Price Cap Carrier Additional Documentation (Continued)
Data Collection Form
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

<2016> Certification support used to build broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015. Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	<input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

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(3005) Rate Of Return Carrier Additional Documentation (Continued)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078946233 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

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(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	910777
<015>	Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966311 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csw@acecentek.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: Ace Telephone Co. of MI, Inc. (Old Mission)	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310777	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310777
<015> Study Area Name	Ace Telephone Co. of MI, Inc. (Old Mission)
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acntek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

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(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	3 0777
<015>	Study Area Name	Am Telephone Co. of MI, Inc. (old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	50 8966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310777
<015>	Study Area Name	Ace Telephone Co. of HI, Inc. (Old Mission)
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <010>	508964211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawent@acorn-ek.net

[illegible]

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(800) Operating Companies
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	31077
<015>	Study Area Name	
<020>	Program Year	Ace Telephone Co. of MI, Inc (Old Mission)
<030>	Contact Name - Person USAC should contact regarding this data	20-7
<035>	Contact Telephone Number - Number of person identified in data line <030>	Cynthia Sweet
<039>	Contact Email Address - Email Address of person identified in data line <030>	507896621 ext. csweet@centek.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc. (Old Mission)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Old Mission)

[illegible]

FCC Form 481 - Carrier Annual Reporting Data Collection Form		REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net
Form Type		54.313 and 54.422

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENTOWN TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310669M1112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	Yes
<114>	Report how much universal service (USF) support was received	Yes
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality	Yes
<116>	How much (USF) was used to improve service coverage and how support was used to improve service coverage	Yes
<117>	How much (USF) was used to improve service capacity and how support was used to improve service capacity	Yes
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	Yes

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(200) Service Outage Reporting (Voice) Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310649
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this date	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<210> For the prior calendar year, were there any reportable voice service outages?

No

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310669
<015> Study Area Name	ALLIENDALE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acctest.net

<300> Unfulfilled service request (voice)	0
---	---

<310> Detail on attempts (voice)	Name of Attached Document
----------------------------------	---------------------------

<320> Unfulfilled service request (broadband)	0
---	---

<330> Detail on attempts (broadband)	Name of Attached Document
--------------------------------------	---------------------------

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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310649
<015>	Study Area Name	ALDENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078944311 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	C.SWEET@CENTEL.PAC
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	110649
<015>	Study Area Name	ALLIANCE TEL CO
<010>	Program Year	2017
<010>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	6078944211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	310669MIS10.pdf

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(600) Functionality in Emergency Situations
Data Collection Form

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RCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLERDALE TWP CO
<020>	Program Year	2013
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	6078166211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@usacentek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310669HI610.pdf

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[illegible]

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(710) Broadband Price Offerings Data Collection Form

<010>	Study Area Code	310669
<015>	Study Area Name	ALJENDAIN TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896621 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accentek.net

[illegible]

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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Allendale)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Allendale)

[illegible]

(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<900> Does the filing entity offer tribal land services? (Y/N) No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	---

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966711 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net

<1000> Voice services rate comparability certification	Yes
<1010> Attach detailed description for voice services rate comparability compliance	310669MI1010.pdf Name of Attached Document
<1020> Broadband comparability certification	Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau
<1030> Attach detailed description for broadband comparability compliance	310669MI1030.pdf Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966231 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

Yes

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

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(1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
--	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5070966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low income support, carriers must annually report:

- | | | |
|---------------------|---|-------------------------------------|
| <1221> | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> | Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
| <1223> | Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |

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(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013
<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5073966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenta.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	
<2024A>	Round 2 Recipient of Incremental Support?	
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	
<2025B>	Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	

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(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015.
Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALÉ TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

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(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0086/OMB Control No. 3060-0019
		July 2013
<010> Study Area Code	310669	
<015> Study Area Name	ALLIANCE TEL CO	
<020> Program Year	2017	
<030> Contact Name - Person USAF should contact regarding this data	Cynthia Sweet	
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	cysweet@centek.net	

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Using Required Information

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REDACTED FOR PUBLIC INSPECTION

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310643
<015>	Study Area Name	ALLIANCE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Beget
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078566211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cbeget@alliance.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

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Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310669
<015> Study Area Name	ALLENDALE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ALLENDALE TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310669	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310669
<015> Study Area Name	ALLREDALE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

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Attachments

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

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(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	330669
<015>	Study Area Name	ALLENDALE TBL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078964211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acntek.net

[illegible]

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(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310669
<015>	Study Area Name	ALLENDALE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@sacenterk.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Allendale)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Allendale)

[illegible]

FCC Form 481 - Carrier Annual Reporting Data Collection Form		REDACTED FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	310692	
<015>	Study Area Name	DRENTHE TEL CO	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Cynthia Sweet	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5078966211 ext.	
<039>	Contact Email Address: Email of the person identified in data line <030>	csweet@acentek.net	
Form Type		54.313 and 54.422	

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHER TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cswet@accentek.net

<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing § 54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, please file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

310692MI112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

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(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DIENHTR TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawnee@centek.net

<210> For the prior calendar year, were there any reportable voice service outages?

10

[illegible]

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(300) Unfulfilled Service Request Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310692
<015> Study Area Name	DRENTHE TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966213 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acnetek.net

<300> Unfulfilled service request (voice)

0

<310> Detail on attempts (voice)

Name of Attached Document

<320> Unfulfilled service request (broadband)

0

<330> Detail on attempts (broadband)

Name of Attached Document

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(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310612
<015>	Study Area Name	DIRECTV TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078746211 ext. 1
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@directv.com
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

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(500) Compliance With Service Quality Standards and Consumer Protection Rules
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	BRIDGEM TBL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078344211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centex.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes

310692MT510.pdf

<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance

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(600) Functionality in Emergency Situations
Data Collection Form

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FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	PSJ/THE TEL CO
<020>	Program Year	2012
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	8078946211 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	c.sweet@centek.net
<600>	Certify compliance regarding ability to function in emergency situations	Yes
<610>	Descriptive document for Functionality in Emergency Situations	310692HIG10.pdf

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[illegible]

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(710) Broadband Price Offerings Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	310692	
<015> Study Area Name	URGENTIE TEL CD	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net	

[illegible]

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(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@centak.net
<810>	Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drenthe)
<811>	Holding Company	Ace Telephone Association
<812>	Operating Company	Ace Telephone Company of Michigan, Inc (Drenthe)

[illegible]

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(900) Tribal Lands Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	310692
<015> Study Area Name	DRENNIS TEL CO
<020> Program Year	2013
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet4@centel.net
<900> Does the filing entity offer tribal land services? (Y/N)	No

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

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(1000) Voice and Broadband Service Rate Comparability Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DREYTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawent@centek.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 310692MI1010.pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 310692MI1030.pdf

Name of Attached Document

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(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	310682
<015>	Study Area Name	DRBENTW TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@accentek.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawest@acento.net

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078946211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawceta@centek.net

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

<2010>	2nd Year Certification 47 CFR § 54.313(b)(1)(i) - Note that for the July 1 2016 certification, this applies to Round 2 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2011>	3rd Year Certification 47 CFR § 54.313(b)(1)(ii) - Note that for the July 1 2016 certification, this applies to Round 1 recipients of Incremental Support	<input style="width: 100px; height: 20px;" type="text"/>	
<2022>	Recipient certifies, representing year two after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4 Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2023>	The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year two - 54.313(b)(2)(ii). Round 2 recipients only.	<input style="width: 100px; height: 20px;" type="text"/>	
<2024A>	Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2024B>	Attach list of census blocks indicating where funding was spent in year two - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	<input style="width: 200px; height: 40px;" type="text"/>
<2025A>	Round 1 or Round 2 Recipient of Incremental Support?	<input style="width: 100px; height: 20px;" type="text"/>	
<2025B>	Attach geocoded information for Phase I milestone reports (Round 1 for year three and Round 2 for year two) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-	Name of Attached Document Listing Required Information	<input style="width: 200px; height: 40px;" type="text"/>
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)	<input style="width: 100px; height: 20px;" type="text"/>	

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(2000) Price Cap Carrier Additional Documentation (Continued) Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017B> Attach information for Phase II - 54.313(e)(1) - list of geocoded locations already meeting the 54.309 public interest obligations at the end of calendar year 2015 and total amount of Phase II support, if any, the price

Name of Attached Document Listing
Required Information

<2018> cap carrier used for capital expenditures in 2015.
Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(2)(ii)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(2)(v)

<2020> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 40% of its supported locations in the state on December 31, 2017 - 54.313(e)(3)

<2021> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 60% of its supported locations in the state on December 31, 2018 - 54.313(e)(4)

<2026> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 80% of its supported locations in the state on December 31, 2019 - 54.313(e)(5)

<2027> Recipient certifies that it offered broadband meeting the requisite public interest obligations specified in §54.309 to 100% of its supported locations in the state on December 31, 2020 - 54.313(e)(6)

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<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

Complete the items below to note compliance with five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Milestone Certification (47 CFR § 54.313(f)(1)(i))	Yes - Attach Certification
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	No - No New Community Anchors
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> Yes <input checked="" type="radio"/> No
	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No) <input checked="" type="radio"/> Yes <input type="radio"/> No
	If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>
	If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:	
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

REDACTED FOR PUBLIC INSPECTION

Page 18

(3005) Rate Of Return Carrier Additional Documentation (Continued)		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010> Study Area Code	310622	
<015> Study Area Name	RENTHE TEL CO	
<020> Program Year	2017	
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet	
<035> Contact Telephone Number - Number of person identified in data line <030>	5178986211 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@centek.net	

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

Page 18

(4005) Rural Broadband Experiment Additional Documentation
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	1078544311 ext
<039>	Contact Email Address - Email Address of person identified in data line <030>	csw@telco.net

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

Name of Attached Document Listing Required Information _____

Broadband Deployment Locations – FCC 14-98 (paragraph 80)

4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.

Name of Attached Document Listing Required Information _____

4004b. Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband speed and data usage allowances available in the relevant geographic area.

Name of Attached Document Listing Required Information _____

REDACTED FOR PUBLIC INSPECTION

Page 20

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTH TEL CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	5078966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: DRENTH TEL CO	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/22/2016
Printed name of Authorized Officer: Todd Roesler	
Title or position of Authorized Officer: CEO	
Telephone number of Authorized Officer: 5078966292 ext.	
Study Area Code of Reporting Carrier: 310692	Filing Due Date for this form: 07/01/2016
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Page 20

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	310692
<015> Study Area Name	DRENTH T&L CO
<020> Program Year	2017
<030> Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035> Contact Telephone Number - Number of person identified in data line <030>	507-966211 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	csweet@acentek.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent Firm: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Name of Authorized Agent Employee: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

REDACTED FOR PUBLIC INSPECTION

Attachments

REDACTED FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TRI. CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	507896211 ext.
<035>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acacentek.net

<701>	Residential Local Service Charge Effective Date	1/1/2016
<702>	Single State-wide Residential Local Service Charge	

<703>

[illegible]

REDACTED FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	310692
<015>	Study Area Name	DRENTHE TEL CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5078944211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cawnet@acnetek.net

[illegible]

REDACTED FOR PUBLIC INSPECTION

(800) Operating Companies Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010>	Study Area Code	310692
<015>	Study Area Name	DRINTHE TRU CO
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Cynthia Sweet
<035>	Contact Telephone Number - Number of person identified in data line <030>	5070966211 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	csweet@acenter.net

<810> Reporting Carrier	Ace Telephone Company of Michigan, Inc (Drenthe)
<811> Holding Company	Ace Telephone Association
<812> Operating Company	Ace Telephone Company of Michigan, Inc (Drenthe)

[illegible]

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669, 310692

State: Michigan

Form 481

ATTACHMENT REDACTED IN ENTIRETY

112 Five-Year Service Quality of Service Plan

113 Maps detailing progress

114 Report how much USF support was received

115 How much (USF) was used to improve service quality

116 How much (USF) was used to improve service coverage

117 How much (USF) was used to improve service capacity

118 Explanation of network improvement targets not met

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.
Study Area Code: 310704, 310777, 310669 and 310692
State: Michigan
Form 481 Line 510

Compliance with Applicable Service Quality Standards and Consumer Protection Rules

As a local exchange carrier in Michigan, Ace Telephone Company of Michigan, Inc. (Carrier) is obligated to comply with the numerous consumer protections contained in the Michigan Telecommunications Act and all MPSC Guidelines and Rules promulgated or adopted there under. Carrier has established operating procedures designed to facilitate compliance with such consumer protections rules and service quality standards. As part of the operating procedures, appropriate training is conducted for employees.

Carrier hereby certifies that it is complying with all applicable and effective Michigan Public Service Commission and FCC consumer protection rules and service quality standards; which include MPSC Customer Migration Rules, Anti-Slamming Rules, Red Flag Rules and CPNI. Carrier has a Customer Proprietary Network Information (CPNI) Manual which reflects the FCC's current CPNI rules, a copy of the manual has been previously submitted to the MPSC. Carrier has also implemented an Identity Theft Prevention Program in accordance with the Federal Red Flags Rule and other applicable requirements governing the protection of customers' privacy.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.
SAC: 310704, 310777, 310669 and 310692
State: Michigan
Form 481 Line 610

Certification that the carrier is able to function in emergency situations

Ace Telephone Company of Michigan, Inc. (Carrier) hereby certifies that it is able to function in emergency situations through the use of back-up power to ensure functionality without an external power source. Carrier has backup battery reserve in its central office and in electronic equipment sites, which enables it to provide service for a minimum of 8 hours. Carrier's service is consistent with requirements of the Michigan Telecommunications Act Section 305c and the obligations to provide service in emergency situations as set forth in the Code of Federal Regulations, Title 47 § 54.202(a)(2). The Carrier's network is engineered to provide maximum capacity in order to handle excess traffic in the event of traffic spikes resulting from emergency situations. Carrier has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line Number 1010

Descriptive document for Voices Services Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Fixed Voice Services.

“Based on the survey results, the 2016 rate floor for voice services is \$21.93, and the reasonable comparability benchmark for voice services is \$41.07. ³

³ Id. At 17694, para. 84”

In all exchanges of Ace Telephone Company of Michigan, Inc., the residential local service rate including any mandatory extended area service charge, federal SLC, and any applicable state fees is less than \$41.07.

Ace Telephone Company of Michigan, Inc. certifies that the pricing of its fixed voice service rate is below \$41.07.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Form 481 Line Number 1030

Descriptive document for Broadband Service Rate Comparability

The Wireline Competition Bureau announced the results of the Urban Rate Survey for Broadband Services.

“To facilitate benchmark calculations, the Bureau will post an Excel file and online tool in which providers can plug the relevant variables to determine the benchmark for specific service characteristics at <http://www.fcc.gov/encyclopedia/urban-rate-survey-data>.”

Ace Telephone Company of Michigan, Inc. certifies that it offers a Broadband service to residential subscribers at pricing that is no more than the applicable benchmark rate.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669 and 310692

State: Michigan

Line 1210 Terms and Condition for Voice Lifeline Plans

Lifeline Telephone Assistance Program

Financial assistance through the Lifeline program is available to help eligible customers afford and maintain basic telephone service. Lifeline participation enables customers to stay connected to jobs, family, community resources, and government and emergency services. Lifeline is a Federal and Michigan program that assists customers by providing a monthly credit of \$11.25 on their local telephone bill. Seniors aged 65 and older can receive additional discounts.

Lifeline benefits are limited to one wireline or wireless phone per qualified household. Households eligible for or already receiving Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income Program, Federal Public Housing Assistance Program, Low-Income Home Energy Assistance Program, Temporary Assistance to Needy Families Program, or the National School Lunch Program may qualify. Consumers may also qualify based on their income level.

All Lifeline subscribers must meet the terms and conditions of the Lifeline Eligibility Rules. Ace Telephone Company of Michigan, Inc. local telephone service provided is described on our website. The calling area is described in the MPSC No.1 tariff. The number of local minutes provided is unlimited. Toll calls are billed at the carriers' standard rates.

On the following pages is the information regarding low-income telephone assistance that is found on Company's website www.acentek.net.

The Lifeline application form is available on the Company's website or will be mailed upon request.

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
Tariff M.P.S.C. No. 1 (R)

8th Revised Sheet No. 15
Cancels 7th Revised Sheet No. 15

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

A. DESCRIPTION

1. Lifeline applies discounts to monthly recurring rates for qualifying residential customers. These discounts are applied to existing rates and charges for residential telephone service.
2. In order to be eligible for Lifeline a residential customer's annual household income must be at or below 150% of the poverty level as determined by the United States Department of Health and Human Services and as approved by the State Treasurer, or the person must participate in one of the following programs:
 - a. Medicaid
 - b. Supplemental Nutrition Assistance Program (SNAP) – Food Stamps
 - c. Supplemental Security Income (SSI)
 - d. Federal Public Housing Assistance/Section 8
 - e. Low Income Home Energy Assistance Program (LIHEAP)
 - f. National School Lunch Program's free lunch program
 - g. Temporary Assistance for Needy Families (TANF) a/k/a Family Independence Program
3. Lifeline includes the services and functionalities enumerated in by the FCC, as follows: voice grade access to the public switched network or its functional equivalent; minutes of use for local service provided at no additional charge to end users; access to the emergency services provided by local government or other public safety organizations, such as 911 and enhanced 911, to the extent the local government in an eligible carrier's service area has implemented 911 or enhanced 911 systems; and toll limitation services.
4. Other services can be provided with Lifeline at applicable rates and charges.
5. Proof of eligibility will be required for all initial Lifeline applicants and all Lifeline recipients will be required to re-certify every year.

B. REGULATIONS

1. Regulations specified elsewhere in the Company's tariffs apply to Lifeline.
2. Lifeline is available only with residence services, excluding foreign exchange service. Lifeline is limited to a single subscription per household where household is defined to be any individual or group of individuals who are living together at the same address as one economic unit. For the purposes of this rule, an economic unit consists of all adult individuals contributing to and sharing in the income and expenses of a household.
3. A miscellaneous service charge does not apply when Lifeline is added or discontinued to existing service when that is the only work being done.
4. The Lifeline plan will apply after receipt and processing of a completed Lifeline application, including documentation indicating that the household income meets the eligibility standards established above.
5. Customers of Lifeline must notify the Company of any changes which would affect qualification. Recertification of eligibility will take place on an ongoing basis. When the customer is no longer eligible for Lifeline service, the Lifeline discount will be discontinued and regular tariff rates and charges will apply.
6. As a participant in Lifeline, customers are eligible to receive toll blocking service at no charge. This service will only be provided at the customer's request. Toll blocking service is defined as a central office service that restricts access to the network. Toll blocking is provided where facilities permit and will not allow 1+, 0+, 0-, 101XXXX, 900, or interzone calls to be completed. Toll blocking does not restrict local calls, calls to intraNPA directory assistance, telephone repair service, 911, or calls to 800 or 950 numbers.
7. Local service deposit requirements will be waived for customers who voluntarily receive Toll Blocking Service.
8. Participants in Lifeline shall not be disconnected from local service for nonpayments of toll charges. In addition, the Company will not deny re-establishment of local service to customers who are eligible for Lifeline and have previously been disconnected for nonpayment of toll charges.

Issued: June 30, 2014

Effective: July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49868, 507-896-3111, miinfo@acegroup.cc

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
Tariff M.P.S.C. No. 1 (R)

3rd Revised Sheet No. 15.1
Cancels 2nd Revised Sheet No. 15.1

LOCAL TELEPHONE EXCHANGE SERVICE

LIFELINE SERVICE

C. MONTHLY RATES AND DISCOUNTS FOR LIFELINE CUSTOMERS

1. The discount on the monthly rate for residential exchange service for qualified Lifeline customers shall be \$9.25 from the Federal discount program plus \$2.00 from the State discount program for a total discount of \$11.25. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end user common line charge and the basic local exchange rate. The discount on the monthly rate for residential exchange service for qualified Lifeline customers 65 years of age or more shall be \$9.25 from the Federal discount program plus \$3.10 from the State discount program for a total discount of \$12.35. Credits are applied to the end user's basic local exchange service. At no time shall the total Lifeline credit exceed the sum of the end-user common line charge and the basic local exchange rate.

D. MONTHLY RATE FOR NON LIFELINE CUSTOMERS

A rate specified in MECA's Tariff M.P.S.C No. 25 Part XVII, General applies per exchange access line to cover the costs of the Lifeline service, to the Telephone Company intrastate services as listed below:

- Business and Residence exchange services excluding Lifeline customers.
- PBX Trunk Services
- Centrex Services

The rate for business Centrex station lines will be computed based on the trunk Equivalence Table specified in the Company's Tariff M.P.S.C. No. 2.

Issued: June 30, 2014

Effective July 1, 2014

Issued under the authority of the PA 179 of 1991, Michigan Telecommunications Act, as amended.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick, MI 49668, 507-898-3111, miinfo@acegroup.cc

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

6th Revised Sheet No. 5
Cancels 5th Revised Sheet No. 5

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange Mesick

A GENERAL

1. The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

MESICK	BUCKLEY	CADILLAC	COPEMISH-THOMPSONVILLE	KALEVA	(C)
MANTON	HARRIETTA				(C)

Calls dialed with 1+ to these areas will be blocked. Call data for calls to these area will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

B. MONTHLY RATES

Service	Monthly Rate
PBX Trunk ^{1,2}	\$ 28.77
Business One-Party ^{2,3}	\$ 23.71
Residence One-Party	\$ 21.05

² EDUCATIONAL CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service provided to a public school.

³ BUSINESS MULTI-LINE CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service over six (6) (combined PBX Trunks and Business One-Party) provided to the same location.

If both the EDUCATIONAL CREDIT and the BUSINESS MULTI-LINE CREDIT could apply, only the EDUCATIONAL CREDIT would apply. In this case, the BUSINESS MULTI-LINE CREDIT would not apply.

C. EXCHANGE RATE AREA - Which is that area described as follows:

Beginning at the center post of Section 14, T24N, R13W, Cleon Township, Manistee County; thence east to the east line Section 13, T24N, R11W, Hanover Township, Wexford County; thence south to the southeast corner of Section 28, thence West, southwest corner of said section; thence South to the northwest corner of Section 12, T23N, R11W, Antioch Township, Wexford County; thence East to the Northeast corner of said section; thence South to the southeast corner of Section 25; thence West to the northeast corner of Section 23, T23N, R11W; thence South to the southeast corner of said section; thence West to the southwest corner of Section 35, T23N, R12W, Springville Township, Wexford County; thence North to the northwest corner of Section 26, T23N, R12W; thence West to the northwest corner of Section 29; thence South to the Southeast corner of Section 31; thence West to the southwest corner of said section; thence North to the northwest corner of Section 18, thence West to the south 1/4 post of Section 11, T23N, R13W, Marilla Township, Manistee County, thence North to the point of beginning.

Issued: May 28 2015

Effective: May 29, 2015

Issued under the authority of the Michigan Telecommunications Act as amended, MCL 484.2101 et seq.

By Todd Roesler, CEO, Ace Telephone Company of Michigan, Inc., PO Box 69, Mesick, MI 49668,
(507) 896-3111, miinfo@acegroup.cc.

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

5th Revised Sheet No. 5.1
Cancel 4th Revised Sheet No. 5.1

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: Copemish-Thompsonville

A. GENERAL

1. The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

COPEMISH-THOMPSONVILLE	BEARLAKE	BEULAH	BUCKLEY
INTERLOCHEN	KALEVA KINGSLEY	LAKE ANN	MESICK

Calls dialed with 1 + to these areas will be blocked. Call detail for calls to these areas will not be provided

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party. (N)

(D)

B. MONTHLY RATES

Service	Monthly Rate	
PBX Trunk ^{2, 3, 4}	\$ 27.58	(I)
Business One-Party ^{2, 3, 4}	\$ 22.58	(I)
Residence One-Party	\$ 21.05	(I)
		(D)
		(D)

² EDUCATIONAL CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service provided to a public school.

³ BUSINESS MULTI-LINE CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service over six (6) (combined PBX Trunks and Business One-Party) provided to the same location.

⁴ If both the EDUCATIONAL CREDIT and the BUSINESS MULTI-LINE CREDIT could apply, only the EDUCATIONAL CREDIT would apply. In this case, the BUSINESS MULTI-LINE CREDIT would not apply.

C. EXCHANGE RATE AREA - Which is that area described as follows:

Beginning at the northeast corner of Section 20, T25N, R14W, Weldon Township, Benzie County; thence east to the south 1/4 post of said section; thence north to the north 1/4 post of Section 5, T26N, R14W; thence east to the northeast corner of Section 1, T25N, R13W, Colfax Township; thence south to the southeast corner of Section 13, thence west to the north 1/4 post of Section 14, T25N, R13W, thence south to the center of Section 13, T24N, R13W, Clean Township, Manistee County; thence west to the center of Section 14; thence south to the south 1/4 post of Section 11, T23N, R13W, Marilla Township; thence west to the southwest corner of Section 7; thence north to the 1/4 post of Section 24, T24N, R14W, Springdale Township, thence west to the south 1/8 post of the northwest 1/4 of Section 21; thence north to a point 1/8 mile north of the south line of Section 33, T25N, R14W, Weldon Township, Benzie County; thence west to the west line of Section 32, thence north to the point of beginning.

Issued October 1, 2007

Effective October 6, 2007

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended.

David C. Schroeder, Chief Operating Officer
Ace Communications Group
PO Box 69
Mesick, MI 49668-0069

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

5th Revised Sheet No. 5.2
Cancels 4th Revised Sheet No. 5.2

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange Buckley

A GENERAL

- 1 The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

BUCKLEY	MESICK	COPEMISH-THOMPSONVILLE
KINGSLEY	MANTON	TRAVERSE CITY

Calls dialed with 1 + to these areas will be blocked. Call detail for calls to these areas will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party. (N)
(N)

(D)

B. MONTHLY RATES

Service	Monthly Rate	
PBX Trunk ^{2, 3, 4}	\$ 28.77	(I)
Business One-Party ^{2, 3, 4}	\$ 23.71	(I)
Residence One-Party	\$ 21.05	(I)
		(D)
		(D)

EDUCATIONAL CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service provided to a public school

BUSINESS MULTI-LINE CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service over six (6) (combined PBX Trunks and Business One-Party) provided to the same location

⁴ If both the EDUCATIONAL CREDIT and the BUSINESS MULTI-LINE CREDIT could apply, only the EDUCATIONAL CREDIT would apply. In this case the BUSINESS MULTI-LINE CREDIT would not apply.

C EXCHANGE RATE AREA- Which is that area described as follows:

Beginning at the 1/4 post of Section 24, T25N, R13W, Colfax Township, Benzie County; thence east to the northeast corner of Section 20, T25N, R11 W, Mayfield Township, Grand Traverse County; thence south to the southeast corner of said section; thence east to the northeast corner of Section 27, thence south to the northeast corner of Section 3, T24N, R10W, Hanover Township, Wexford County; thence east to the northeast corner of Section 1; thence south to the east 1/4 post of Section 13, thence West to the center post of Section 13, T24N, R13W, Clean Township, Manistee County, thence north to the point of beginning.

Issued October 1, 2007

Effective October 6, 2007

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended

David C. Schroeder, Chief Operating Officer

Ace Communications Group

PO Box 69

Mesick, MI 49668-0069

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1 (R)

Original Sheet 5.2.1

Exchange: OLD MISSION

A. GENERAL

1. The provision of service at the rates shown below is subject to the regulations given in the General Rules and Regulations as they now exist and are filed with and form part of this Tariff.
2. The rates shown below entitle the customer to messages without other charge to all stations bearing the designation of a central office of the following exchanges, which comprise of the Local Service Area.

OLD MISSION

TRAVERSE CITY

3. Calls made to a telephone number with a NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

B. BASIC SERVICE RATES, MONTHLY RATES

1. Access Line Charge, Per Line, Per Month

Class of Service

Business

One-Party

6 or fewer lines
7 or more lines

\$21.75
\$19.25

Educational

\$19.25

Residence

One-Party

\$21.05

C. EXCHANGE SERVICE AREA - Which is that area described as follows:

Beginning at the northeast corner of Section 5, T. 28 N., R. 10 W. Peninsula Township, Grand Traverse County, thence south to the southeast corner of Section 5, T. 28 N., R. 10 W., thence west to the shore line of the west arm of Grand Traverse Bay; thence north along the shore line of the west arm of Grand Traverse Bay to the northern most point of Peninsula Township and then south along the shore line of the east arm of Grand Traverse Bay to the northeast corner of Section 3, T. 28 N., R. 10 W., Peninsula Township, Grand Traverse County, thence west to the point of beginning.

Issued May 28, 2015

Effective May 28, 2015

Issued under the authority of the Michigan Telecommunications Act, as amended, MCL 484.2101, et seq.

Todd Roesler, CEO, Ace Telephone Company of Michigan, P.O. Box 69, Mesick MI, 49868,
507-896-3111, miinfo@acegroup.cc

REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

5th Revised Sheet No. 5.3
Cancels 4th Revised Sheet No. 5.3

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: South Boardman

A. GENERAL

1. The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

SOUTH BOARDMAN	KALKASKA	WIFE LAKE
KINGSLEY	LAKE CITY	MANISTEE RIVER
MOORESTOWN	TRAVERSE CITY	WILLIAMSBURG

Calls dialed with 1 + to these areas will be blocked. Call detail for calls to these areas will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

(D)

B. MONTHLY RATES

Service	Monthly Rate	
PBX Trunk ^{2,3,4}	\$ 28.77	(I)
Business One-Party ^{2,3,4}	\$ 23.71	(I)
Residence One-Party	\$ 21.05	(I)
		(D)
		(D)

² EDUCATIONAL CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service provided to a public school.

³ BUSINESS MULTI-LINE CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service over six (6) (combined PBX Trunks and Business One-Party) provided to the same location.

⁴ If both the EDUCATIONAL CREDIT and the BUSINESS MULTI-LINE CREDIT could apply, only the EDUCATIONAL CREDIT would apply. In this case, the BUSINESS MULTI-LINE CREDIT would not apply. C.

EXCHANGE RATE AREA- Which is that area described as follows:

Beginning at the north 1/8 post of the northwest quarter of Section 29, T26N, R9W, Whitewater township, Grand Traverse County; east to the northeast corner of Section 30, Wilson Township, Kalkaska County; south to the southeast corner of Section 31; east to the northeast corner of Section 6, Orange Township; south to Bass Lake Road; east to the southwest corner of Section 9; north to Pontius Road; east to Golden Road south to the southeast corner of Section 39, Garfield Township; west to the southwest corner of Section 33 north to the northeast corner of Section 21; east to the north 1/4 post of said section; north to Gray Road; west to the southwest corner of Section 12, Springfield Township; north to the northwest corner of said section; west to the southwest corner of Section 3, north to the northwest corner of said section; west to the south 1/4 post of Section 33, Union Township Grand Traverse County; north to the north 1/4 post of Section 21, west to the north 1/8 post of the northwest quarter of Section 20, north to the point of beginning.

Issued October 1, 2007

Effective October 6, 2007

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended.

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Ace Communications Group
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REDACTED FOR PUBLIC INSPECTION

Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

6th Revised Sheet No. 5.4
Cancels 5th Revised Sheet No. 5.4

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: Hoxeyville

A. GENERAL

1. The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

HOXEYVILLE	BRETHREN	CADILLAC	DUBLIN	HARRIETTA
IRONS	LUTHER	TUSTIN	WELLSTON	

Calls dialed with 1 + to these areas will be blocked. Call detail for calls to these areas will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

B. MONTHLY RATES

Service	Monthly Rate
PBX Trunk ^{2, 3, 4}	\$ 27.58
Business One-Party ^{2, 3, 4}	\$ 22.58
Residence One-Party	\$ 21.05

² EDUCATIONAL CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service provided to a public school.

³ BUSINESS MULTI-LINE CREDIT A \$2.50 credit applies for each PBX Trunk or Business One-Party Local Exchange Service over six (6) (combined PBX Trunks and Business One-Party) provided to the same location.

⁴ If both the EDUCATIONAL CREDIT and the BUSINESS MULTI-LINE CREDIT could apply, only the EDUCATIONAL CREDIT would apply. In this case, the BUSINESS MULTI-LINE CREDIT would not apply.

C. EXCHANGE RATE AREA - Which is that area described as follows:

Beginning at the northwest corner of Section 31, T22N, R12W, Slagle Township, Wexford County; east to the northeast corner of Section 35; south to the east 1/4 post of said section; east to the east 1/4 post of Section 31, Boon Township; south to the southeast corner of said section; east to the northeast corner of Section 4, Henderson Township; south to the southeast corner of said section; east to the northeast corner of Section 12; south to the southeast corner of said section; east to the north 1/4 post of Section 18, Cherry Grove Township; south to the south 1/4 post of Section 19; east to the southeast corner of said section; south to the southeast corner of Section 30, west to the southwest corner of said section, Cherry Grove Township; south to the southeast corner of Section 36, Henderson Township; east to the northeast corner of Section 1, Dover Township, Lake County; south to the southeast corner of Section 13; west to the southwest corner of Section 15; north to the west 1/4 post of said section; west to the east 1/4 post of Section 17; south to the southeast corner of said section; west to the southwest corner of Section 18, Newkirk Township; north to the northwest corner of Section 6, west to the southwest corner of Section 35; T21N, R13W, Norman Township, Manistee County; north to the northwest corner of Section 2; east to the southwest corner of Section 31, Slagle Township, Wexford County, north to the point of beginning.

(C)
↑
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(C)

Issued: April 21, 2011

Effective: April 22, 2011

Issued under the authority of the PA 179, Michigan Telecommunications Act, as amended
Todd Roesler, CEO

(C)

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Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1(R)

Original Sheet No. 5.4.1

LOCAL TELEPHONE EXCHANGE SERVICE

Exchange: Allendale

A. GENERAL

1. The service shown below entitles the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

ALLEDALE AREA:	ALLEDALE*	BORCULO	GRAND RAPIDS
	MARNE	CONKLIN	COOPERSVILLE
	FRUIT PORT	GRAND HAVEN	HOLLAND
	HUDSONVILLE	RAVENNA	ZEELAND
POLKTON AREA:	ALLEDALE*	COOPERSVILLE	GRAND RAPIDS
	MARNE	BORCULO	CONKLIN
	FRUIT PORT	GRAND HAVEN	HOLLAND
	HUDSONVILLE	RAVENNA	ZEELAND

- Allendale Exchange includes both the Allendale and Polkton area.

Calls dialed with 1+ to these areas will be blocked. Call detail for calls to these area will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

B. MONTHLY RATES

Class Of Service	<u>6 or Fewer Lines</u>	<u>7 or More Lines</u>	<u>Educational</u>
PBX Trunk	\$ 23.53	\$21.03	\$21.03
Business One-Party	\$ 23.53	\$21.03	\$21.03
Residence One-Party	\$ 19.73		

Basic local exchange service installed after December 31, 2001, will include touch calling service at no additional charge above the rates listed for the class of service installed. Residence One-Party in service at January 1, 2002, that did not have touch calling service as an auxiliary service at the end of business December 31, 2001 will receive a monthly credit of \$1.50 during the period that line is in continual service after December 31, 2001 and touch calling service is not affirmatively added as an auxiliary service. Business One-Party line and Business One-Party trunk in service at January 1, 2002, that did not have touch calling service as an auxiliary service at the end of business December 31, 2001 will receive a monthly credit of \$1.50 during the period that line is in continual service after December 31, 2001 and touch calling service is not affirmatively added as an auxiliary service. If an end user's actions cause the disconnection of a line for any reason (such as nonpayment of a bill for regulated services, change of class of service or movement to vacation rate) that line will not qualify for any future touch calling service credit.

Issued: June 24, 2013

Effective: July 2, 2013

Issued under the authority of the Michigan Telecommunications Act as amended, MCL 484.2101 et seq, and Michigan Public Service Commission Orders in Case No. U-17262.

Mike Osborne, Chief Operating Officer, Ace Telephone Company of Michigan, P.O. Box 509, Allendale, MI 49401, 616-895-9911, mosborne@acecomgroup.com.

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Ace Telephone Company of Michigan, Inc.
M.P.S.C. No. 1 (R)

Original Sheet No. 5.4.4

A. GENERAL

Exchange Drenthe

- 1 The service shown below entitle the customer to calling within the central office areas of the following exchanges which comprise the local calling area:

DRENTH EXCHANGE	DRENTH	ZEELAND	BORCULO
	JAMESTOWN	HAMILTON	HOLLAND
	HUDSONVILLE		

Calls dialed with 1+ to these areas will be blocked. Call detail for calls to these area will not be provided.

2. Calls made to a telephone number with an NPA NXX that is associated with the rate center that is within the customer's local calling area are local calls regardless of the physical location of the called party.

B. MONTHLY RATES

Class Of Service	<u>6 or Fewer Lines</u>	<u>7 or More Lines</u>	<u>Educational</u>
Business One Party	\$ 21.12	\$18.62	\$18.62
Residence One-Party	\$ 21.50	\$21.50	\$21.50

C. EXCHANGE RATE AREA - Which are the areas described as follows

Commencing at the NW corner of Section 32, T5N, R14W, Zeeland Twp., Ottawa County, East to SW corner Section 28, North to the NW corner Section 28, East to the South 1/4 post of Section 22, North to the North 1/4 post of Section 22, East to the North 1/4 post of Section 23, South to the South 1/4 post of Section 23, East to the NE corner of Section 30, T5N, R13W, Jamestown Twp., South to the East 1/4 post of Section 31, West to the North 1/8 post of the Southwest 1/4 of Section 31, thence South to the South 1/8 post of the Southwest 1/4 of Section 6, T4N, R13W, Salem Twp., Allegan County, East to the Northeast corner of Section 7, South to the East 1/4 post of Section 19, West to the South 1/8 post of the Northeast 1/4 of Section 22, Overisel Twp., North to the center post of the Northeast 1/4 of Section 15, West to the East 1/8 post of the Northwest 1/4 of Section 15, North to the center post of Section 10, West to South 1/8 post of the Northeast 1/4 of Section 9, North to the center post of the Southeast 1/4 of Section 4, West to the East 1/8 post of the Southeast 1/4 of Section 5, South to the Southeast corner of Section 5, West to the Southwest corner of Section 5, North to the point of beginning.

Issued: June 24, 2013

Effective: July 2, 2013

Issued under the authority of the Michigan Telecommunications Act as amended, MCL 484.2101 et seq. and Michigan Public Service Commission Orders in Case No. U-17262.

Mike Osborne, Chief Operating Officer, Ace Telephone Company of Michigan, P.O. Box 509, Allendale, MI 49401, 616-895-9911, mosborne@acecomgroup.com.



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LIFELINE

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Low-Income Telephone Assistance Plans

Residential

Voice

On a limited income? You can save with Lifeline services from AcenTek. This federal assistance program can help you save on your monthly local phone service.

Local Service

Services Provided

Long Distance

AcenTek provides single-party residential services. This includes access to:

Internet

1. voice grade to the public switched network,

Video

2. local usage,

AcenTek Assurance

3. dual tone, multi-frequency signaling or its functional equivalent

4. single-party service or its functional equivalent,

Business

5. emergency services,

6. operator services,

Customer Support

7. inter-exchange service,

8. directory assistance, and

9. toll limitation for qualifying low-income customers.

Lifeline

Lifeline provides certain discounts on monthly service for qualified subscribers.

How to Qualify

Lifeline is available to qualifying customers in every U.S. state. Qualifications do vary by state, and states with their own programs have their own criteria. In states that rely solely on the federal program, the subscriber must participate in one of the following programs:

- Federal Public Housing Assistance
- Food Stamps
- Low Income Home Energy Assistance Program (LIHEAP)
- Income below 150% of the Federal Poverty Guidelines
- Medicaid
- National School Lunch's Free Lunch Program
- Supplemental Security Income (SSI)
- Temporary Assistance to Needy Families (TANF)

Please be aware that only one Lifeline discount may be received per household, even if the household has more than one telephone account, including landline or wireless phone service. Lifeline service is not transferable, and only eligible consumers may enroll in the program. Documentation of eligibility is required to enroll.

[Click here to download the two-page certification form \(PDF\).](#) Call Customer Service for more information.

TAP (Telephone Assistance Plan), available to low-income residents in Minnesota, provides an additional credit to customers that qualify for a Lifeline discount.

Company

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Michigan Lifeline Administration Service
LIFELINE APPLICATION

Eligible customers will receive \$11.25 off their monthly phone bill
and seniors aged 65 and older can receive additional discounts.

TOLL FREE 1-866-321-2323

To apply for Lifeline Service, complete the application below and send it to:
Lifeline Administration Service

PO Box 11037, Lansing, Michigan 48901 OR fax to 517-482-3548

IDENTIFICATION INFORMATION (PLEASE PRINT)

Applicant's phone number: _____ Name of phone company: _____
Date of Birth: _____ Last 4-digits of Social Security Number: _____
Last Name: _____ First Name: _____ M.I.: _____
Street: _____

Residential street address only; FCC regulations prohibit the use of P.O. Boxes for the Lifeline program

City: _____ State: _____ ZIP Code: _____
This is my permanent address: Yes ☐ No ☐ This is a rural address with no postal route: Yes ☐ No ☐
Billing Address, City, State and Zip Code (If different from Service Address)

There are multiple unique households (e.g. nursing home, assisted living facility) at my address, as defined in this program. YES ☐ NO ☐

PROGRAM QUALIFICATION INFORMATION

To be eligible for Lifeline discounts, regulations require you to qualify via one of the two methods below. Please fill out one section only.

Method 1. My income is within the guidelines and I am providing the following photocopies that document my total household income, which is stated below. Please check all that apply.

TOTAL MONTHLY INCOME: \$

NUMBER OF HOUSEHOLD MEMBERS:

# of Household Members	Gross Monthly Income	Gross Annual Income*
1	\$1,485	\$17,820
2	\$2,003	\$24,030
3	\$2,520	\$30,240
4	\$3,038	\$36,450

*Add \$6,240 (\$520 monthly) for each additional household member.

- | | |
|---|---|
| <input type="checkbox"/> Prior year's state or federal tax return. | <input type="checkbox"/> Current Annual Income Statement from Employer |
| <input type="checkbox"/> Social Security statement of benefits | <input type="checkbox"/> Paycheck stubs or other official document containing income information for any 3 consecutive months within last 12 months |
| <input type="checkbox"/> Retirement/pension statement of benefits | <input type="checkbox"/> Veterans Administration statement of benefits |
| <input type="checkbox"/> Unemployment/Worker's Compensation Statement of Benefits | <input type="checkbox"/> Divorce decree or child support document containing income information |

Method 2. I, or the member of my household named below, receives assistance from one of the listed programs. I am providing documentation of participation in the checked program.

Name: _____

- | | |
|---|---|
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Federal Public Housing Assistance or Section 8 |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Supplemental Security Income | <input type="checkbox"/> National School Lunch - Free Lunch Program |
| <input type="checkbox"/> Low-Income Home Energy Plan (LIHEAP) | |

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LIFELINE ADMINISTRATION SERVICE PROCESSES APPLICATIONS FOR THE FOLLOWING COMPANIES

AcenTek	Climax Telephone Company	Springport Telephone Company
Allband Communications Coop.	Deerfield Farmers' Telephone Co.	TDS Telecom
Baraga Telephone Company	Hiawatha Telephone Company	Thumb Cellular
Barry County Telephone Company	Kaleva Telephone Company	Upper Peninsula Telephone Company
Blanchard Telephone Company	Lennon Telephone Company	Waldron Telephone Company
Bloomington Communications	Michigan Central Broadband Co.	Westphalia Broadband, Inc./Comlink
Carr Telephone Company	Midway Telephone Company	Westphalia Telephone Company
CenturyLink of Michigan	Ogden Communications	Winn Telecom
CenturyLink of Midwest Michigan	Ontonagon County Telephone Co.	Winn Telephone Company
CenturyLink of Northern Michigan	Pigeon Telephone Company	
CenturyLink of Upper Michigan	Sand Creek Telephone Company	
Chapin Telephone Company	Southwest Michigan Communications	

For more information, please call 1-866-321-2323.

If your phone company is not on the list above, please contact them directly to apply for Lifeline discounts.

APPLICANT ACKNOWLEDGEMENTS

PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS TO INDICATE THAT YOU UNDERSTAND AND AGREE:

- I understand and consent to Lifeline Administration Service providing my Lifeline service account information, including but not limited to, my name, residential address, phone number, date of birth, the last 4 digits of my social security number, the date on which my Lifeline service was initiated/terminated, the amount of Lifeline support provided, and the means through which I qualified for Lifeline, to the Universal Service Administrative Company (USAC), USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that if I fail to provide this consent, Lifeline Administration Service will deny me Lifeline service.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Lifeline support is only available for a single phone line at my principal residence and no one else in my household is receiving Lifeline discounts. (A "household" is defined as any individual or group of individuals who live together at the same address and share income and expenses.)
- Violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the US government.
- I understand that if I am identified as receiving more than one Lifeline benefit, all telephone service providers involved may be notified so that I may select one service and be de-enrolled from the other(s).
- I will notify my telephone company within 30 days if I no longer qualify for Lifeline and I may be subject to penalties if I fail to do so.
- I will notify my telephone company within 30 days of any changes to my residential address.
- I will be required to certify my continued eligibility for Lifeline at least once a year and know failure to do so will result in termination of my participation in the program.

APPLICANT SIGNATURE

I certify, under penalty of perjury, that the information provided in this application and supporting documentation is true and complete.

Signature:

Date:

REVISED 2/2016

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Lifeline Administrative Service Lifeline Household Worksheet

Name	
Address	
Telephone Number	

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your household is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The adults you live with are part of your economic unit if they contribute to and share in the income and expenses of the household. An adult is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household expenses include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). Income includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check *no* if you do not have a spouse or partner) ____ YES ____ NO
 - If you checked YES, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
 - If you checked NO, please answer question #2.
2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
 - A. A parent ____ YES ____ NO
 - B. An adult son or daughter ____ YES ____ NO
 - C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) ____ YES ____ NO
 - D. An adult roommate ____ YES ____ NO
 - E. Other ____ YES ____ NO
 - If you checked NO for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
 - If you checked YES, please answer question #3.
3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ____ YES ____ NO
 - If you checked NO, then your address includes more than one household. Please initial lines A and B below, and sign and date the worksheet.
 - If you checked YES, then your address includes only one household. You may not sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to _____ [insert company or agency name] along with your Lifeline application.

- A. ____ I certify that I live at an address occupied by multiple households.
- B. ____ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc
Study Area Code: 310704, 310777, 310669, 310692
State: Michigan
Form 481 Line Number 3010

Milestone Certification (47 CFR §54.313(f)(1)(i))

Ace Telephone Company of Michigan, Inc. hereby certifies that throughout 2015, it took reasonable steps to provide upon reasonable request broadband service at actual speeds of at least 4 Mbps downstream / 1 Mbps upstream, and currently, it is taking reasonable steps to provide upon reasonable request actual speeds of at least 10 Mbps downstream/1 Mbps upstream broadband service with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED FOR PUBLIC INSPECTION

Study Area Name: Ace Telephone Company of Michigan, Inc.

SAC: 310704, 310777, 310669, 310692

State: Michigan

Form 481 Line 3026

ATTACHMENT REDACTED IN ENTIRETY